

City of Harrisburg
Department of Public Works – Bureau of Water

FLOW TEST APPLICATION

Applicant Name: _____

Applicant Address: _____

Applicant Telephone #: _____

Date Service Required: _____

Location for Test: _____

A FEE OF \$125.00 PAYABLE TO THE "CITY TREASURER" MUST ACCOMPANY THIS APPLICATION

PLEASE COMPLETE/MAIL TO: BUREAU OF WATER, 100 PINE DR., HBG., PA 17103, 717-238-8725

WATER BUREAU USE ONLY

Location _____ Date _____

Test Made by _____ Time _____ .M.

Representative of _____

Witness _____

Consumption Rate During Test _____

If Pump Affect Test, Indicate Pump Operating _____

Flow Hydrants _____ A₁ _____ A₂ _____ A₃ _____

Size Nozzle _____

Pitot Reading _____ Total gpm _____

gpm _____

Static B _____ psi Residual B _____ psi

Projected Results: at 20 psi Residual _____ gpm; or at _____ psi Residual _____ gpm

Remarks _____

Location Map: Show line sizes and distance to next cross connected line. Show valves and hydrant branch size. Indicate North. Show flowing hydrants--label A₁, A₂, A₃. Show location of Static and Residual—label B

Indicate B Hydrant _____ Sprinkler _____ Other (identify) _____